

# Medicaid and Privacy

**This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.**

---

## **MEDICAID'S PRIVACY COMMITMENT TO YOU**

We in the Georgia Department of Community Health (DCH) understand that medical information about you and your family is personal. We are committed to protecting your information. This notice tells you how DCH may use and disclose medical information about you. It tells you your rights and Medicaid's requirements about your information.

**The privacy practices described in this notice were effective June 2, 2003.**

By law, Medicaid must use and disclose your personal medical information to provide information:

- To you or to someone who has the legal right to act for you
- To the Secretary of the U.S. Department of Health and Human Services, if necessary, to make sure your privacy is protected
- Where required by law.
- 

## **YOUR MEDICAL INFORMATION RIGHTS**

You have the following rights regarding the medical information that DCH has about you.

- You have the right to see and obtain a copy of your personal medical information held by Medicaid. An exception is information that is needed for a legal action relating to DCH.
- You have the right to ask DCH to correct your personal medical information if you believe that it is wrong or incomplete. DCH may deny your request under certain circumstances.
- You have the right to request a listing of the disclosures that DCH has made of your personal medical information beginning in April 2003. The listing would not include disclosures to you or to your personal representative, or for payment for your health care, or for Medicaid administration.
- You have the right to request additional restrictions on certain uses or disclosures of your health information. DCH is not legally required to agree to your request.
- You have the right to request that DCH communicates with you about your health in a way or at a location that will help you keep your information confidential.
- You have the right to be notified by DCH following a breach of unsecured PHI.
- You have the right to receive a paper copy of this notice. You may ask DCH staff to give you another copy of this notice, or you may obtain a copy from DCH's Web site at [www.dch.ga.gov](http://www.dch.ga.gov), click on [HIPAA Privacy Notices](#).

## **PRIVACY LAW'S REQUIREMENTS**

DCH is required by law to:

- Maintain the privacy of your personal medical information.
- Give you this notice of DCH's legal duties and privacy practices regarding the medical information that DCH has about you.
- Follow the terms of this notice.
- Not use or disclose any medical information about you without your written authorization, except for the reasons given in this notice. You may take away your authorization at any time, in writing, except for the information that DCH disclosed before you stopped your authorization. In an emergency, DCH may disclose information only if the disclosure is in your best interest. DCH must notify you as soon as possible of that emergency disclosure.
- Never disclose psychotherapy notes, use and disclose PHI for marketing purposes, and/or make any disclosures that constitute a sale of protected health information without your written authorization to do so.

In the future, DCH may change its privacy practices. If there is a material change in its privacy practices, DCH will provide a new notice to you. DCH will post the new notice on its Website at [www.dch.ga.gov](http://www.dch.ga.gov), click on [HIPAA Privacy Notices](#).

## **HOW DCH USES AND DISCLOSES HEALTH CARE INFORMATION**

Medicaid provides some services through contracts with other agencies and private companies. For example, your county Department of Family and Children Services determines Medicaid eligibility. When services are contracted, Medicaid may disclose some or all of your information to the other agency or company so that they can perform the job Medicaid has asked them to do. To protect your information, Medicaid requires the other agency or company to safeguard your information in accordance with the law. The following categories describe different ways that Medicaid uses and discloses your health information. For each category, we will explain what we mean and give an example.

**For Payment:** Medicaid may use and disclose information about you so that it can pay for the health services that you received. For example, when you receive a Medicaid service, your health care provider sends a claim for payment to the Medicaid fiscal agent for payment. The claim includes information that identifies you, as well as your diagnoses and treatments.

**For Medical Treatment:** Medicaid may use or disclose information about you to ensure that you receive necessary medical treatment and services. For example, Medicaid may send you appointment reminders for Health Check services.

**To Operate the Medicaid Program:** Medicaid may use or disclose information about you to run the Medicaid program and ensure that you receive quality care. For example, Medicaid may contract with a company that reviews hospital records to check on the quality of care that you received and the outcome of your care.

**To Keep You Informed:** Medicaid may mail you information about your health. Examples are information about managing a disease that you have, information about your managed care choices, and appointment reminders for your children's Health Check services.

**For Overseeing Health Care Providers:** Medicaid may disclose information about you to the government agencies that license information about you for a research project that has been approved by a review board. The review board must review the research project and its rules to ensure the privacy of your information. The research must be for the purpose of helping the Medicaid program.

**As Required by Law:** Medicaid will disclose information about you when required by law.

## **FOR MORE INFORMATION OR TO REPORT A PRIVACY PROBLEM**

**If you have questions about your health or your health care services, you should contact your health care provider (physician, pharmacy, hospital, or others).**

If you believe your privacy rights have been violated:

- You may file a complaint with Medicaid by calling the Member Inquiry Unit at 770-570-3373 (in the Atlanta area) or 1-866-211-0950 (outside the Atlanta area).
- You may file a complaint with the Health and Human Services' Office for Civil Rights by writing to:  
U.S. Department of Health & Human Services  
Office for Civil Rights, Region IV

*61 Forsyth Street SW, Suite 3B70*

Atlanta, GA 30303-8909

**There will be no retaliation for filing a complaint.**